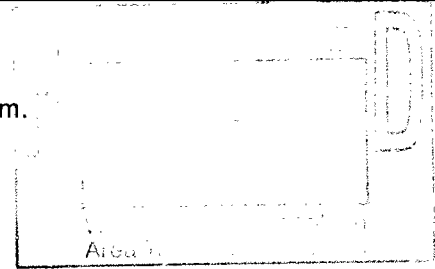


Washington Metropolitan Area Transit Commission

2014 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.



1. CARRIER INFORMATION:

697 | Amna O. Abugusseisa, t/a AB & B Trans

*WMATC No. *Name of Carrier (as shown on certificate of authority)

8159 Gilroy Drive		Lorton	VA	22079-2939
*Street Address of Principal Place of Business	Apt./Suite	City	State	Zip

Mailing Address (if different from street address)	Apt./Suite	City	State	Zip
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(202) 437-3331	(703) 623-1919	(703) 820-5051	abandbtransportation@hotmail.com
*Telephone	Other Telephone	Fax	E-mail

2. OTHER PASSENGER CARRIER AUTHORITY (if applicable, list carrier/permit number):

USDOT No.	DCTC No.	Virginia DMV passenger carrier No.	Maryland PSC No.
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3. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):

Omar B. Amir	Manager		
*Name	*Title		
(703) 623-1919	(703) 820-5051	(703) 820-5051	shabour@yahoo.com
*Telephone	Other Telephone	Fax	E-mail

4. REGISTERED AGENT INSIDE THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS

*Complete section 4 only if the principal place of business in section 1 is outside the Metropolitan District. The Metropolitan District includes the District of Columbia, Prince George's Co., Montgomery Co., Alexandria, Arlington, Fairfax, Falls Church, and Dulles Airport. For a full description, see www.wmatc.gov.

Name of Registered Agent for Service of Process	Telephone	E-mail		
Agent Address (must be inside Metropolitan District)	Apt./Suite	City	State	Zip

5. ***CHANGES:** Describe any merger, consolidation or other change in management, ownership, control, or form of organization that occurred after the previous year's annual report was filed, or if not applicable, after the carrier's certificate of authority was issued. If no changes are entered below, the carrier certifies that no such changes have occurred.

6. ***LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS:** (1) list your vehicles below or (2) attach a complete vehicle list to both pages of this form. If you have more than 10 vehicles in your fleet, you must use option 2. Include **all** required information.


Fleet No. If applicable	*Model Year	*Make	*Vehicle VIN (17 digits)	*License Plate Number	*State Registered	*Seating Capacity	Wheelchair Lift or Ramp Yes/No
	08 VAN	FORD	1FBSS31L68DB09374 [✓]	H520374	VA	15	NO
	07 VAN	FORD	1FMNE11W97DA65959 [✓]	H520373	VA	12	NO
	04 VAN	FORD	1FBSS31L64HA25574 [✓]	H520372	VA	15	NO
	07 VAN	FORD	1FBSS31L27DB34853 [✓]	H522978	VA	15	NO
	07 VAN	FORD	1FBSS31LX7DA97440 [✓]	H522976	VA	15	NO

7. ***CERTIFICATION:**

I certify that this report, including any attachments, was prepared by me or under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

OMAR B. AMIR
*Name (type or print)

*Title (not required for sole proprietors)


*Signature

1/24/2014
*Date